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DLN: 93493066002343

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

Eo	t t bo	2012 cal	endar year, or tax year beginning 01-01-2012 , 2012, and ending 1.	2_21_2012			
		pplicable	C Name of organization	2-31-2012	D Employe	er identification number	
_	ress ch		BEAVERTON AREA CHAMBER OF COMMERCE				
_	ne chai	-	Doing Business As		93-042	. J J J J J	
_		-					
Init –	ıal retu	m	Number and street (or P O box if mail is not delivered to street address) Room 12655 SW CENTER ST	ı/suite	E Telephon	e number	
Ten	minate	d	ROOM/SUITE 140		(503)6	44-0123	
Am	ended i	return	City or town, state or country, and ZIP + 4 BEAVERTON, OR 97005		(555)5		
- App	lication	n pending	DEAVERTON, OR 97005		G Gross rec	eipts \$ 379,183	
			F Name and address of principal officer	H(a) I	s this a group r	eturn for	
			LORRAINE CLARNO		affiliates?	r Yes r No	
			12655 SW CENTER ST BEAVERTON,OR 97005			F., F.,	
						Included? Yes No	
Tax	k-exem	npt status	501(c)(3) ✓ 501(c) (6) ◀ (insert no)		ir No, attach a	list (see instructions)	
\A/.	obeite	- I- \A/\A	/W BEAVERTON ORG	H(c)	Group exemptio	n number ►	
			✓ Corporation Trust Association Other ►	L Year	of formation 1954	M State of legal domicile OR	
Pa	rt I	Sum	mary				
	1 6	Briefly d	escribe the organization's mission or most significant activities				
]	TO PRO	MOTE BUSINESS IN BEAVERTON AREA				
<u>'</u>	-						
	-						
,	2 (Check th	nis box 🛏 if the organization discontinued its operations or dispose	ed of more th	nan 25% of its n	et assets	
í	3 1	Number	of voting members of the governing body (Part VI, line 1a)			3 16	
}	4 1	Number	of independent voting members of the governing body (Part VI, line	1b)	[4 16	
	5	Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)	[5 4	
	6	Total nu	mber of volunteers (estimate if necessary)		[6	
•	7a 1	Total un	related business revenue from Part VIII, column (C), line 12		[7a 11,370	
	ы	Net unre	lated business taxable income from Form 990-T, line 34			7b -13,903	
					Prior Year	Current Year	
	8	Contri	butions and grants (Part VIII, line 1h)		12	25 50	
≗	9		am service revenue (Part VIII, line 2g)	234,48			
Hayenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)		32 57		
ř	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A),	line	122,01	103,293	
		12) .	<u> </u>		356,70	342,748	
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1–3)			0	
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0	
on.	15		es, other compensation, employee benefits (Part IX, column (A), line	es .	244.40	220.200	
EXPENSES		5-10)			244,40		
₫	16a		sional fundraising fees (Part IX, column (A), line 11e)	•		0	
5	b		indraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$	-			
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		106,46	· ·	
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25		350,86		
	19	Reven	ue less expenses Subtract line 18 from line 12		5,83		
နှင့် မြို့				Begi	nning of Current Year	End of Year	
(##)	20	Total	accets (Part V June 15)	-		07.520	
Fund Balances	20		assets (Part X, line 16)	. —	95,29	- 	
.	21 22		liabilities (Part X, line 26)		106,00		
	t III		ssets or fund balances Subtract line 21 from line 20	•	-10,70	-13,286	
		_	nature Block		adulas sud 111	manta and to the high of	
ıy kr	nowled	dge and	perjury, I declare that I have examined this return, including accomplete Declaration of preparer (othe nowledge				
		****	**		2013-03-15		
ign		Signa	ature of officer		Date	_	
ere		LORF	RAINE CLARNO PRESIDENT				
_		Туре	or print name and title				
			Print/Type preparer's name Preparer's signature	Date	CHECK	PTIN	
aic	i	<u> </u>	RUSSELL T RIES Firm's name JARRARD SEIBERT POLLARD & CO LLC	2013-03-07	self-employed Firm's EIN ►		
're	pare		IIII 3 HAITIC F JAKKAKU SLIDLKI PULLAKU & CU LLC		T IIIII S L'IIV 📂		
	Onl		rm's address ► 1800 BLANKENSHIP RD SUITE 450		Phone no (503)	723-7600	
. 20		- J					

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

Part IV Checklist of Required Schedule	art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	ı		
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

	Check if Schedule O contains a response to any question in this Part V		Yes	N
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7		165	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Ν
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
Ь	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		٨
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	1		
) -		1.2-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		
3	year	1		
	Is the organization licensed to issue qualified health plans in more than one state?			
-	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	nn winen the organization is needseu to issue qualified fiedful pidfis	1		
_				
	Enter the amount of reserves on hand	14a		l I N

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Rev 10a Did the organization have local chapters, branches, or affiliates? 1 If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 1 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 1 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 1 Did the organization have a written conflict of interest policy? If "No," go to line 13 1 b Were officers, directors, or trustees, and key employees required to disclose annually i		Yes	No
body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 5 Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. 5 Section B. Policies (This Section B requests information about policies not required by the Internal Rev 10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 1 Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 1 Describe in Schedule O the			
independent			
other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Rev 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization have a written conflict of interest policy? If "No," go to line 13 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12b Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give in Schedule O how this was d			
supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? Section B. Policies (Trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Rev To be organization have local chapters, branches, or affiliates? In bif "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? The bescribe in Schedule O the process, if any, used by the organization to review this Form 990 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Describe in Schedule O the process, if any, used by the organization to review this Form 990 The organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written whistleblower policy? To the organization have a	2		No
filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? The bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Each committee with authority to act on behalf of the governing body? Section Bid the organization fire year, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Rev Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? The bid of the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Describe in Schedule O the process, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Jud the organization have a written whistleblower policy?	3		No
6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Rev. 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 1 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 1 c Did the organization have a written conflict of interest policy? If "No," go to line 13 1 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 1 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 1 Did the organization have a written whistleblower policy? 1 Did the organization have a written whistleblower policy?	4		No
Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Rev 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy?	5		No
more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Rev 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 1 Did the organization have a written whistleblower policy? 1 Did the organization have a written document retention and destruction policy?	6		No
or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Rev 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Jid the organization have a written document retention and destruction policy?	7a		No
year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Rev 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 1 Did the organization have a written whistleblower policy? 1 Did the organization have a written document retention and destruction policy?	7b		No
b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Rev 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 1 Did the organization have a written whistleblower policy? 1 Did the organization have a written document retention and destruction policy?			
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8a	Yes	
organization's mailing address? If "Yes," provide the names and addresses in Schedule O	8b	Yes	
10a Did the organization have local chapters, branches, or affiliates?	9		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 1.	venu	ie Cod	e.)
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 1.		Yes	No
affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 1. b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 14 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 15 d Did the organization have a written whistleblower policy? 16 d The organization have a written document retention and destruction policy? 17 d Did the organization have a written document retention and destruction policy? 18 d Did the organization have a written document retention and destruction policy? 19 d The organization have a written document retention and destruction policy? 10 d The organization have a written document retention and destruction policy?	10a		No
the form?	10b		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	11a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
rise to conflicts?	12a		No
 In Schedule O how this was done	12b		
14 Did the organization have a written document retention and destruction policy?	12c		
	13		No
	14		Νo
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official		Yes	
b Other officers or key employees of the organization	15a		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15a 15b		_ _
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ▶OR
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►BEAVERTON CHAMBER OF COMMERCE 12655 SW CENTER ST BEAVERTON, OR (503)644-0123

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099- MISC) (E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and related organizations			
(1) SEE ATTACHED SCHEDULE	5 00	х		х			0	0	0
(2) LORRAINE CLARNO PRESIDENT	40 00			х			81,501	0	8,942
									Form 990 (2012)

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours	A verage Position more that week (list person and a company to the				(C) Ition (do not check than one box, unless on is both an officer a director/trustee)				(E) Reportable compensation from related organizations (W 2/1099-MISC)	- 0	ted f other ation he	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Politicel 2/1099-MISC) 2/1099-MISC) ### ################################						rganizati relate organiza	ed		
1b	Sub-Total				•			*						
c d	Total from continuation sheet Total (add lines 1b and 1c).	•		A .	•	•	•			81,501				8,942
2	Total number of individuals (in \$100,000 of reportable compo	cluding but not	lımıted			liste	d abov	e) w	L ho receive					
3	Did the organization list any f e	ormer officer. dir	ector o	r trus	stee.	kev	emplo	vee.	or highes	t compen	sated employee		Yes	No
	on line 1a? If "Yes," complete S	Schedule J for suc	ch indiv	ıdual	٠	•		•				3		No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ									anızatıon	or individual for	5		
<u> </u>												3		No_
1	ction B. Independent Co Complete this table for your five compensation from the organization	ve highest comp											tax vear	
		(A) lame and business		411011	101		diction	ar ye	ar chang		(B) scription of services		(C Comper)
												+		
	otal number of independent co	ntractors (inclin	dına but	not	lımıt	ed to	o thos	e list	ed above)	who rece	ived more than			

Part V	/##1	Statement of Revenue	Ab David VIII			
		Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
0	1a	Federated campaigns 1a				
Contributions, Giffs, Grants and Other Similar Amounts	ь	Membership dues 1b				
Gra mo	c	Fundraising events 1c				
ffs, r A	d	Related organizations 1d				
Gii ila						
ns, Sirr	e					
ıtio er (f	All other contributions, gifts, grants, and similar amounts not included above				
년 전 본	g	Noncash contributions included in lines				
ont 1d (h	1a-1f \$ Total. Add lines 1a-1f	50			
ع ت		_	30			
an		Business Code				
wen	2a	MEMBERSHIP DUES	209,950	209,950		
<u>윤</u>	b	LEADERSHIP BEAVERTON MGMT FEE	21,000	21,000		
M C.	C .	WCVA - TAX SHARE	6,411	6,411		
Program Serwce Revenue	d	SEMINAR INCOME OTHER INCOME	1,204	1,204		
ia E	e f	All other program service revenue	783	783		
rogi	'	All other program service revenue				
	g	Total. Add lines 2a-2f	239,348			
	3	Investment income (including dividends, interest, and other similar amounts)	57			5
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental expenses				
	c	Rental income				
	d	or (loss) Net rental income or (loss)				
		(ı) Securities (ıı) Other				
	7a	Gross amount from sales of				
		assets other				
	ь	than inventory Less cost or				
		other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
eve		of contributions reported on line 1c) See Part IV, line 18				
ς.		a 77,250				
the	Ь	Less direct expenses b 32,311				
ō	С	Net income or (loss) from fundraising events 🕨	44,939			42,45
	9a	Gross income from gaming activities				
		See Part IV, line 19				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less				
		returns and allowances .				
	 h					
		Net income or (loss) from sales of inventory	11,370		11,370	
	Ť	Miscellaneous Revenue Business Code	, , , , , , , , , , , , , , , , , , ,		,	
	11a	CERTIFICATES OF ORIGIN	46,967	46,967		
	ь	MISCELLANEOUS INCOME	17	17		
	С					
	d	All other revenue				
	e	Total. Add lines 11a−11d				
	12	-	46,984			
]	iotal revenue. See Instructions	342,748	286,332	11,370	42,512

Part IX Statement of Functional Expenses

ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	81,501			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	107,632			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,423			
9	Other employee benefits	26,189			
10	Payroll taxes	19,643			
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	4,175			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	9,474			
14	Information technology	11,892			
15	Royalties				
16	Occupancy	34,369			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,549			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,155			
23	Insurance	3,437			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	WEBSITE	8,596			
b	EQUIPMENT RENTALS	7,084			
C	BANK FEES & CHARGES	6,548			
d	TELEPHONE & COMMUNICATION	6,140			
	All other expenses	8,523			
25	Total functional expenses. Add lines 1 through 24e	345,330	0	0	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Pa	art X .				
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		-	39,628	1	46,511
	2	Savings and temporary cash investments			22,365	2	22,422
	3	Pledges and grants receivable, net		-		3	
	4	Accounts receivable, net			21,434	4	15,829
	5	Loans and other receivables from current and former officers, dire employees, and highest compensated employees Complete Part Schedule L		rustees, key •		5	
Assets	6	Loans and other receivables from other disqualified persons (as d 4958(f)(1)), persons described in section 4958(c)(3)(B), and cor and sponsoring organizations of section 501(c)(9) voluntary emporganizations (see instructions) Complete Part II of Schedule L	g employers		6		
8	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use			2,498	8	3,565
	9	Prepaid expenses and deferred charges			5,958	9	4,588
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	90,063			
	ь	Less accumulated depreciation	10b	85,450	3,413	10c	4,613
	11	Investments—publicly traded securities	· · ·			11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			95,296	16	97,528
	17	Accounts payable and accrued expenses			21,238	17	12,726
	18	Grants payable				18	
	19	Deferred revenue		-	84,762	19	98,088
	20	Tax-exempt bond liabilities				20	
100	21	Escrow or custodial account liability Complete Part IV of Schedu	ıle D .			21	
lities	22	Loans and other payables to current and former officers, directors key employees, highest compensated employees, and disqualified	, truste				
Liabili		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part 2	X of Sch	edule [´]		25	
		D			100,000	25	110.014
	26	Total liabilities. Add lines 17 through 25			106,000	26	110,814
φ O		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ lines 27 through 29, and lines 33 and 34.	ana com	пріете			
Ë	27	Unrestricted net assets		_	-10,704	27	-13,286
<u>한</u>	28	Temporarily restricted net assets			,	28	· ·
<u>-</u>	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.					
O -0	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ass	32	Retained earnings, endowment, accumulated income, or other fund				32	
Net V	33	Total net assets or fund balances			-10,704	33	-13,286
Z	34	Total liabilities and net assets/fund balances			95,296		97,528

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	342,748
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	345,330
3	Revenue less expenses Subtract line 2 from line 1	3			-2,582
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			-10,704
5	Net unrealized gains (losses) on investments	5			-10,704
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		,	-13,286
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. $ abla$
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	e 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	:d 3b		

DLN: 93493066002343

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** BEAVERTON AREA CHAMBER OF COMMERCE 93-0423398 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2						
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election						
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN						
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN						
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly								
			l .)		(a) Filing organization's totals	(b) Affiliated group totals						
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)									
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)									
c	Total lobbying expenditures (add lines 1a and 1b	o)										
d	O ther exempt purpose expenditures											
e	Total exempt purpose expenditures (add lines 1c	c and 1d)										
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both									
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:									
	Not over \$500,000	20% of the amount on li	ne 1e									
	Over \$500,000 but not over \$1,000,000	000										
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000								
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000								
	Over \$17,000,000	\$1,000,000										
	Grassroots nontaxable amount (enter 25% of lin	e 1f)										
_	·	-										
i	- ·			-								
_			organization file	Form 4720 rep	ortina	1						
-	section 4911 tax for this year?					┌ Yes ┌ No						
_	4-Voor Av	versaina Period II	Inder Section	F01/b)								
	(Some organizations that made a	section 501(h) el	ection do not	have to cor		ne five						
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1						
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total						
2a	Lobbying nontaxable amount											
b	Lobbying ceiling amount (150% of line 2a, column(e))											
c	Total lobbying expenditures	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) obbying expenditures to influence public opinion (grass roots lobbying) obbying expenditures to influence a legislative body (direct lobbying) obbying expenditures (add lines 1a and 1b) exempt purpose expenditures exempt purpose expenditures exempt purpose expenditures exempt purpose expenditures amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: associated in the expension of the excess over \$1,000,000 put not over \$1,000,000 \$100,000 plus 15% of the excess over \$1,000,000 \$100,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 10% of the excess over \$1,000,000 \$20,000,000 but not over \$17,000,000 \$10,000,000 but not over \$17,000,000 \$10,000,000 plus 5% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000 \$20,000,000 but not over \$17,000,000 \$10,000,000 plus 5% of the excess over \$1,000,000 \$20,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000 \$20,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000 \$20,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000 \$20,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000 \$20,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,000,000 \$20,000,000 but not over \$17,000,000 \$20,000 but not over \$17,000,000 \$20,000 but not over \$17,000,000 \$20,000 but not ove										
d	Grassroots nontavable amount											

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ЮТ				
For a	·	(a	1)		(b)	
activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	_				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c))(5), o	rse	ctio	n
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		Νo
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
	tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" O				
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
Ь	Carryover from last year	2b				
	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
_	art IV Supplemental Information					

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list),
Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493066002343

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Nar	ne of the organization VERTON AREA CHAMBER OF COMMERCE	ini 990. P See Separate histractions.	Emp	ployer identification nu	mber
DLA				0423398	
Pa	organizations Maintaining Donor Adorganization answered "Yes" to Form 990		unds	or Accounts. Com	plete if the
		(a) Donor advised funds		(b) Funds and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)		4		
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	rised \(\bigcup \cdot \	es No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?				es 「No
Pai	t III Conservation Easements. Complete if	f the organization answered "Yes" t	o Forr	m 990, Part IV, line i	7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	n or education) Preservation of ar Preservation of a	certifie	ed historic structure	re a
	easement on the last day of the tax year			Hald -t the Feet C	4h - V - · · ·
_	Total number of conservation easements			Held at the End of	the Year
a L	Total acreage restricted by conservation easements		2a 2b		
b c	Number of conservation easements on a certified history	oric structure included in (a)	20 2c		
d	Number of conservation easements included in (c) accommission of structure listed in the National Register	• •	2d		
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by ti	he organization during	
	the tax year ►		,		
_	·				
4	Number of states where property subject to conservat				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling o	f violations, and	es 「No
5	Staff and volunteer hours devoted to monitoring, insperience.	ecting, and enforcing conservation easer	ments	during the year	
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year	
	▶ \$				
8	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı) Y e	es 「No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia			
ar	Complete if the organization answered "\		or Ot	her Similar Assets	5.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or rese	earch in furtherance of p	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	staten	nent and balance sheet	
	(i) Revenues included in Form 990, Part VIII, line 1			- \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS				
а	Revenues included in Form 990, Part VIII, line 1			▶ \$	
b				h. ¢	
_	Assets included in Form 990, Part X			F >	

Par	Organizations Maintaining Co	<u>llections of Ar</u>	t, HIS	tori	cai ii	<u>reasur</u>	es, or O	<u>tner</u>	<u>Similar As</u>	<u>sets (</u>	(continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	neck	any of	the follo	wing that a	ire a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or excha	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın hov	w the	y furth	er the or	ganızatıon	's exe	empt purpose ı	n	
5	During the year, did the organization solicit o									_	_
D	assets to be sold to raise funds rather than t									Yes	No_
Pal	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an arr						answered	u re	es to Form 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	ford	ontribi	utions or	other ass	ets n	ot	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follov	wing	able		_				
							<u> </u>		An	ount	
С	Beginning balance						<u> </u>	1c			
d	Additions during the year						<u> </u>	1d			
е	Distributions during the year						<u> </u>	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	ı						_ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been pro	vided in P	art X	III		<u> </u>
Pa	rt V Endowment Funds. Complete										
4.	Dagunung of warmhalanaa	(a)Current year	(b) Prior	year	b (c) Two	o years back	(d)T	hree years back	(e)Four	years back
1a b	Beginning of year balance							 			
C	Net investment earnings, gains, and losses										
	Net investment earnings, gams, and losses							<u> </u>			
d	Grants or scholarships					ļ					
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balan	ice (lir	ne 1 a	. colum	n (a)) he	eld as	<u> </u>			
– a	Board designated or quasi-endowment	one your one param		9	,	(4//					
b	Permanent endowment >										
	Temporarily restricted endowment										
c	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zation	tnat	are hel	a and ad	ministered	ı tor t	ne	Ye	s No
	(i) unrelated organizations								3a(
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(II), are the related organization							•	3t	<u> </u>	
4	Describe in Part XIII the intended uses of th					10					
Par	t VI Land, Buildings, and Equipme Description of property	e nt. See Form 99	90, Pa			IU. or other	(b)Cost or	other	(c) Accumulate	ed (d) Book value
	Description of property					estment)	basis (oth		depreciation		
1a	Land										
	Buildings		•								
	Leasehold improvements		•								
	Equipment		•	\vdash			9	0,063	85,	450	4,613
					D) /	10(-))	<u> </u>		<u> </u>		4.646
ıota	I. Add lines 1a through 1e (Column (d) must e	quai rorm 990, Part	x, colu	ımn (b), IIne	10(C).)			<u> ►</u>		4,613

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-of	-year market value
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		<u> </u> 13	
(a) Description of investment type	(b) Book value		d of valuation
	(=, ===================================		-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip			(b) Book value
-			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	7.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
reactar meanic taxes			
-			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	İ		

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and 4 , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

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BEAVERTON AREA CHAMBER OF COMMERCE

DLN: 93493066002343

OMB No 1545-0047

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Employer identification number

93-0423398

Part I Fundraising Ac	tivities. Complete	e if the organiz	ation answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the orgaMail solicitations	nızatıon raısed funds		e following activities Ch		
b Internet and email sol	ıcıtatıons		f Solicitation of gov	=	
c Phone solicitations			g	<u>-</u>	
d Γ In-person solicitation	s				
Did the organization have or key employees listed inIf "Yes," list the ten higher to be compensated at least	i Form 990, Part VII) st paid individuals or	or entity in conr entities (fundrais	nection with professional	fundraising services?	FYes FN ondraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser hav custody or control of contributions	ĺ	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes No			
-					
-					
			+		
Total		🗲			
3 List all states in which the licensing	organization is regis	tered or licensed	l to solicit funds or has be	een notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contributi			
			(a) Event #1 GOLF SCRAMBLE	(b) Event #2 MEMBERSHIP LUNC	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	38,580	24,459	7,615	70,654
ě	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)	38,580	24,459	7,615	70,654
	4	Cash prizes				
တ္က	5	Noncash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages .				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	20,106	9,707	,	29,813
	10	Direct expense summary Add lin				(29,813)
	11	Net income summary Combine li	ne 3, column (d), and line	10	•	40,841
Revenue	1	\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			┌ Yes	┌ Yes	┌ Yes	l
	6	Volunteer labor	┌ No	┌ No	┌ No	
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)		
9		er the state(s) in which the organiza				
a b		the organization licensed to operate No," explain				
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspen	ded or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
	<u> </u>	activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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DLN: 93493066002343

OMB No 1545-0047

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization BEAVERTON AREA CHAMBER OF COMMERCE Employer identification number

93-0423398

ldentifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART V	LINE 2A - EMPLOYEES ARE LEASED FROM ANOTHER COMPANY, NO W-3'S FOR BACC
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS PREPARED BY A PUBLIC ACCOUNTING FIRM, REVIEWED BY THE PRESIDENT, AND CIRCULATED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO IRS SUBMISSION
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE PRESIDENT/EXECUTIVE DIRECTOR IS PREPARED BY AN EXECUTIVE BOARD SUBCOMMITTEE.
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE FOR BOARD REVIEW

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DLN: 93493066002343

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 179

	ne(s) shown on return AVERTON AREA CHAMBER OF COMMERCE				CT DEPRECIAT		Identifying number			
										93-0423398
Pa		To Expense (omploto [Dart I	<u>u</u>	
1	Maximum amount (se	o <i>u have any li</i> ee instructions)					· · · ·		1	500,000
2	Total cost of section	•		e (see inst	ructions)				2	
3	Threshold cost of se			•	•				3	2,000,000
4	Reduction in limitation		-		•				4	, ,
5	Dollar limitation for t					-0- If ma	rried			
	filing separately, see	•							5	
										_
6	(a) [Description of pr	roperty		(b) Cost (bu		e (c) E	lected	cost	
6										
	isted property Enter t			• •		7				l
	Total elected cost of	· ·						• •	8	
9	Tentative deduction								9	
10	Carryover of disallow							• •	10	
11		itation Enter the	e smaller of bu	siness inc	ome (not less th	ian zero) o	rline 5 (se	е	11	
	instructions) •	ns) · · · · · · · · · · · · · · · · · · ·								
	•			-		. —		• •	12	
	Carryover of disallowed e: Do not use Part .					. 13				
								listed	proper	ty) (See instructions)
	Special depreciation									, , (==================================
	the tax year (see ins	tructions)							14	2,766
15	Property subject to s	ection 168(f)(1) election						15	
16	O ther depreciation (i	ncluding ACRS)							16	58
Par	MACRS De	preciation (I	Do not includ	de listed p	property.) (Se	e instruc	tions.)			
					ection A	2012			4-	4.505
	MACRS deductions f								17	1,609
18	If you are electing to		•		= -		=	_		
	section B—Asse	ets Placed in	Sarvice Du	 .ring 20:				≱ l al Dar	l reci	ation System
	Section b-Asse		(c) Bası		IZ TAX TEAT		le dellei	ai Dej	JI CCI	ation System
(8	a) Classification of property	(b) Month and year placed in service		ation vestment	(d) Recovery period	(e) Conv	ention ((f) Method		(g)Depreciation deduction
19a :	3-year property		omy seems	cructions)						
	5-year property			2,767	5 0	НҮ		200 DE	3	554
c 7	⁷ -year property									
	10-year property									
	15-year property									
	20-year property 25-year property				25 yrs			S/L		
	Residential rental				27 5 yrs	ММ		S/L		
	property				27 5 yrs	ММ		S/L		
iΝ	onresidential real 39 yrs MM S/					S/L				
1	property					MM		S/L		
		n C—Assets Plac	ced in Service I	During 201	2 Tax Year Using	the Alte	rnative Dep		on Syst	tem
20a Class life					12	S/L				
	12-year				12 yrs	ММ		S/L S/L		
	10-year t IV Summa r	<u> </u> y (see instruc	tions)		40 yrs	1 141 141		⊃/L		
	isted property Enter		•						21	
	otal. Add amounts fro				and 20 in colum	ın (g), and	line 21 En	ter		
	here and on the appro								22	4,987
	or assets shown abov				t year, enter the	2	3			

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. **epreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.

24a Do you have evider	nce to support t	the business/inv	estment u	ise claime	d? ┌ Yes	Гпо		24	Ib If "Y	es," ıs t	the ev	ıdence	written?	, Г _Y е	s L N	D
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		Basis for (busines us			(f) Recovery period	Met	g) :hod/ ention		(† Depred dedu	iation/		(i) Electe section cost	179
25Special depreciation allo	•		y placed	ın service	during the	tax year	and ι	sed more	than	<u> </u>						
50% in a qualified busi	•									25						
26 Property used more	e than 50% 	in a qualified b	usiness	use	Τ			I	<u> </u>		Т			\neg		
		%														
		%														
27 Property used 50%	orless in a		ness us	е	T			ı	lc //		_					
		%			1				S/L - S/L -		+			-		
		%							S/L -							
28 Add amounts in co	olumn (h), lın	ies 25 through	27 En	ter here	and on lir	ne 21,	oage	1	28							
29 Add amounts in co	olumn (ı), lını	e 26 Enterhe	re and o	n line 7,	page 1			–					29			
					mation	on U	se o	of Veh	icles				<u> </u>			
omplete this section	for vehicles	used by a sol	e propri	etor, par	tner, or o	ther "n	nore	than 5%	owne	r," or i	relate	ed per	son			
f you provided vehicles to	your employee	es, first answer th	e questio	_	_			n excepti		mpletin I						<u></u>
30 Total business/in			ng the		a) ıcle 1	Vehi	o) cle 2	l ve	(c) Vehicle 3		(c Vehid	-		e) icle 5	(f e 5 Vehic	
year (do not inclu	year (do not include commuting miles)															
31 Total commuting i	miles driven	during the yea	r .													
32 Total other persor	nal(noncomm	nutina) miles d	rıven													
33 Total miles driven	•															
through 32 . 34 Was the vehicle a	vailable for m	ersonal use		Yes	No	Yes	No	Yes	l N		es	No	Yes	No	Yes	No
during off-duty ho		crsonar usc		165	140	163	140	163	- 14	'	CS	140	163	110	163	+ 140
35 Was the vehicle u		· · · · · ·	n 5%						-	_				+		+
owner or related p		, by a more the														
36 Is another vehicle	available fo	r personal use	?.													
Section Sectio	ns to determ		t an exc												not mo	re tha
37 Do you maıntaın a				nibits all	personal	use of	vehi	cles, in	luding	comn	nutın	g, by	your	Y	'es	No
employees? .							•			• •		•				
38 Do you maintain a employees? See t												your				
39 Do you treat all us	e of vehicles	s bv emplovee	s as per	sonal us	e?											-
40 Do you provide movehicles, and reta	ore than five	vehicles to yo	ur empl						employ	ees al	bout	the us	se of			
41 Do you meet the r				· · ·	· · ·	• • nstratio	n IIS	 e?(See	ınstru	· ·		•				
Note: If your answ	-							-			-					
	rtization	, 35, 40, 01 41	. 13 1 6.	3, do 110	Comple	16 5661	.1011 L	o lor the	COVE	eu vei	iicica			—		
Part VI Ailio	luzation	(b)				$\overline{}$			\neg	(e)						
(a) Description of c	osts	Date amortization begins		A mort	c) :izable ount			(d) Code ection	ļ	nortiza period ercenta	or			(f) ortizati his ye		
42 A mortization of co	ctc that har			tav 2000	/coc :n=	tructic) c \		I be		age					
TE A HIGHLIZALION OF CO	raca chat beg	ms during you	1 2012	cax year	(see ms	T	15/		- 1		I					
									_							
40.0										Т						
43 Amortization of co	_	-					•			-	43					
44 Total. Add amoun	ts ın column	(f) See the in:	structio	ns for wh	ere to re	port					44					

BEAVERTON AREA CHAMBER OF COMMERCE 2012 Board of Directors

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* denotes Executive Committee Member

as of .06.20.12